| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  !002467                        |             |   |               |       |                                 |                  |   |   |                        |      |                     |                        |  |
|--|-------------|---|---------------|-------|---------------------------------|------------------|---|---|------------------------|------|---------------------|------------------------|--|
| CLAIMS AS FILED - PART I (Column 1) (Column 2)   |             |   |               |       |                                 |                  |   | SMALL ENTITY OTHER THAN TYPE CO OR SMALL ENTITY |                        |      |                     |                        |  |
| TOTAL CLAIMS 20  |             |   |               |       |                                 |                  |   | RATE  | FEE                    | 1    | RATE                | FEE                    |  |
| FO   | 1           |   | MUMBER FILED  |       | MUMBER EXTRA                    |                  |   | BASIC FEE                                       | 370.00                 | ОЯ   | BASIC FEE           | 740.00                 |  |
| TO   | AL CHARGEA  | BLE CLAIMS                                | 9-0 minus 20= |       | •                               |                  |   | X\$ 9=  |                        | OR   | X\$18=              | 470                    |  |
| INDEPENDENT CLAIMS   |             |   | 8 minus 3 =   |       | · 5-                            |                  |   | X42=  |                        | OR   | X84=                | 1//                    |  |
| MUA  | TIPLE DEPEN | DENT CLAIM P                              | RESENT        |       |                                 |                  |   | +140=   |                        | OR   | +280=               |                        |  |
| • If the difference in column 1 is less than zero, enter "0" in column 2                               |             |   |               |       |                                 |                  |   | TOTAL   |                        | OR   | TOTAL               | 1160                   |  |
| FIFT CLAIMS AS AMENDED - PART II OTHER TO SMALL ENTITY OR SMALL ENTITY OR SMALL ENTITY OF SMALL ENTITY |             |   |               |       |                                 |                  |   |   |                        | THAN |                     |                        |  |
| AMENDMENT A  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREVI | REST<br>BER<br>OUSLY<br>FOR     | PRESENT<br>EXTRA |   | RATE  | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| ONC  | Total       | . 20                                      | Minus         | - 2   | 0.5                             | -6               |   | X\$ 9=  |                        | OR   | X\$18=              |                        |  |
| INE  | Independent | . 8                                       | Minus         | •••   | 8                               | 1-4              | 1 | X42=  |                        | ОЯ   | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |               |       |                                 |                  |   | +140=   |                        | OR   | +280=               |                        |  |
|  |             |   |               |       |                                 |                  |   | YOTAL<br>ADDIT. FEE                             |                        | OR   | TOYAL               |                        |  |
|  |             | (Column 1)                                |               | (Coh  | mn 2)                           | (Column 3        | 1 | ADDIT. FEE                                      |                        | •    |                     |                        |  |
| BNT B  |             | CLAIMS REMAINING AFTER AMENDMENT          |               | MUI   | HEST<br>HBER<br>HOUSLY<br>OFOR  | PRESENT<br>EXTRA |   | RATE  | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT  | Total       | . 17                                      | Minus         | -2    | 0                               | - Ø              |   | X\$ 9=  |                        | OR   | X\$18=              |                        |  |
|  | Independent | . 2                                       | Minus         | •••   | 8                               | 1-0              | 4 | X42=  |                        | OR   | X84=                |                        |  |
| PRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |             |   |               |       |                                 |                  |   | +140=   |                        | OR   | +280=               |                        |  |
|  |             |   | •             |       |                                 |                  |   | TOTAL<br>ADOIT, FEE                             |                        | OR   | TOTAL<br>ADDIT, FEE |                        |  |
| 1  | 12/06       | (Column 1)                                |               | (Cala | gmn 2)                          | (Column 3        | 2 |   |                        |      |                     |                        |  |
| S F  |             | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | PREV  | HEST<br>MBER<br>TOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE  | ADDI-<br>TIONAL<br>FEE |      | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDME  | Total       | .17                                       | euniM         | -     |                                 |                  |   | X\$ 9=  |                        | OR   | X\$18=              |                        |  |
|  | Independent | .2  | Minus         | ***   |                                 | · _              | 1 | X42=  |                        | OA   | X84=                |                        |  |
| 2  | FIRST PRES  | ENTATION OF I                             | AULTIPLE DE   | PENDE | IT CLAIN                        |                  |   | +140=   | 1                      | OR   |                     |                        |  |
| • N the enter in column t in less than the entry in column 2, write V in column 3.                     |             |   |               |       |                                 |                  |   |   |                        | OR   | TOTAL               |                        |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE     |             |   |               |       |                                 |                  |   |   |                        |      |                     |                        |  |

application or Docket Number